

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1890

-62-008293

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

1003

Registrar's No.

FILED FEB 23 1962 18

VS 300  
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

BEATO  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

SHOULD READ

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS, MO

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.Inside Limits  
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO. b. COUNTYc. CITY  
OR TOWN ST. LOUISInside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
2842 SALENA STReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First KATHERINE

Middle

Last KAUTEN

## 4. DATE OF DEATH

Month FEB, 14, 1962 Year

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Separated ☐ Divorced ☐

## 8. DATE OF BIRTH

8-19-1883

## 9. AGE (last birthday)

78

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWORK

## 10b. KIND OF BUSINESS OR INDUSTRY

Home

## 11. BIRTHPLACE (City and state or country)

HUNGARY

## 12. CITIZEN OF WHAT COUNTRY

U-S-A

## 13a. FATHER'S NAME

UNKNOWN

## 13b. MOTHER'S MAIDEN NAME

UNKNOWN

## 14. NAME OF HUSBAND OR WIFE

—

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

FRANK KAUTEN 2842 SALENA ST

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

## INTERVAL BETWEEN ONSET AND DEATH

8 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Atherosclerotic Heart Disease

## DUE TO (c)

420.0

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 2/6/62 to 2/14/62 and last saw her alive on 2/14/62  
Death occurred at 11:30A on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

1515 LAFAYETTE AVE

## 22c. DATE SIGNED

2/14/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

FEB 17 1962

## 23c. NAME OF CEMETERY OR CREMATORY

NEW ST. MARCUS CEM.

## 23d. LOCATION (City, town, or county)

ST. LOUIS MO.

## 23e. STATE

MO.

## 24. FUNERAL DIRECTOR

Thomas Kutis 2906 Gravois

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

FEB 15 1962

## 26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Carly T. Simpson*

Licensed Embalmer No.

*4861*

P. O. Address

*Calhoun 5, Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.